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TRANSMITTAL FORM

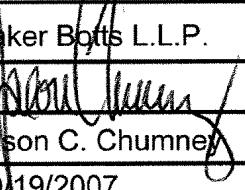
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Application Number	10/537,217
	Filing Date	11/18/2005
	First Named Inventor	Masaomi Tajimi
	Art Unit	1609
	Examiner Name	David K. O'Dell
	Attorney Docket Number	078503.0104

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
<input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<input type="checkbox"/> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Baker Botts L.L.P.		
Signature			
Printed name	Jason C. Chumney		
Date	10/19/2007	Reg. No.	54,781

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature		
Typed or printed name		Date

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FEE TRANSMITTAL for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,230)

Complete if Known

Application Number	10/537,217
Filing Date	11/18/2005
First Named Inventor	Masaomi Tajimi
Examiner Name	David K. O'Dell
Art Unit	1609
Attorney Docket No.	078503.0104

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number
Deposit Account Name

02-4377
Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

	Extra Claims	Fee	Fee Paid
Total Claims		x 50	= \$0
Independent Claims		x 210	= \$0
Multiple Dependent			= \$0
SUBTOTAL		\$0	

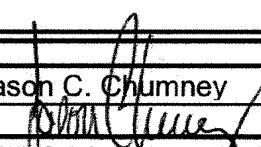
Fee Description	Large Entity	Small Entity
Claims in excess of 20	50	25
Independent claims in excess of 3	210	105
Multiple dependent claim, if not paid	370	185

FEE CALCULATION (continued)

ADDITIONAL FEES

<input type="checkbox"/>	Surcharge - late oath or filing fee	
<input type="checkbox"/>	Non-English Specification	
<input type="checkbox"/>	Extension for reply within first month	
<input type="checkbox"/>	Extension for reply within second month	
<input checked="" type="checkbox"/>	Extension for reply within third month	\$1,050
<input type="checkbox"/>	Extension for reply within fourth month	
<input type="checkbox"/>	Extension for reply within fifth month	
<input type="checkbox"/>	Notice of Appeal	
<input type="checkbox"/>	Filing a brief in support of an appeal	
<input type="checkbox"/>	Petition to revive - unavoidable	
<input type="checkbox"/>	Petition to revive - unintentional	
<input type="checkbox"/>	Utility Issue Fee	
<input type="checkbox"/>	Design Issue Fee	
<input type="checkbox"/>	Publication Fee	
<input type="checkbox"/>	Petitions to the Commissioner	
<input type="checkbox"/>	Request for Continued Examination (RCE)	
<input checked="" type="checkbox"/>	Information Disclosure Statement (IDS)	\$180
Other fee -		
SUBTOTAL		(\$ 1,230)

SUBMITTED BY

Name (Print/Type)	Jason C. Chumney	Registration No. (Attorney/Agent)	54,781	Telephone	212-408-2500
Signature				Date	10/19/2007

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